

Discussion Guide - Providers
Maryland Health Benefit Exchange
Navigator Program and Consumer Assistance

Background

The ACA The Patient Protection and Affordable Care Act (ACA) provides new funding to expand Medicaid eligibility levels and build a State Health Benefit Exchange (HBE or Exchange) that will help connect consumers and employers to Qualified Health Plans (QHPs).

To meet the needs of the large number of consumers who will become newly eligible for health insurance in 2014, the ACA charges Exchanges with establishing a network of “Navigators” that will assist consumers in accessing coverage in the new state Exchange through:

- Outreach and education regarding the availability of qualified health plans
- Distribution of fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost sharing assistance
- Facilitating enrollment in qualified health plans
- Referring to consumer assistance agencies or entities
- Providing information in a manner that is culturally and linguistically appropriate to the needs of the population

More information, including the Maryland Health Benefit Exchange Act of 2011, can be found at <http://dhmh.maryland.gov/healthreform/exchange/>.

Provider Discussion Guide

Maryland state leaders responsible for Exchange planning and design seek to gain a deep and thorough understanding of the current health insurance distribution system in Maryland, including the role of community based organizations and brokers/agents in assisting individuals and small businesses with health insurance enrollment. The state seeks to consult with different stakeholder groups as it designs and implements Maryland’s Navigator program. The following discussion topics have been identified to facilitate input into Navigator program design from providers. There will be a separate discussion held for Medicaid health insurers, commercial health insurers, consumers, small businesses and agents and brokers.

Leveraging Existing Private Sector Resources

- Do you provide any programs and/or services to help patients/consumers enroll in health insurance coverage in the State?
 - What populations do these programs target? (e.g., Medicaid)
 - Where do they operate?
 - Who staffs them?
 - What is the scope of their services? (e.g., outreach and education, enrollment assistance)
 - How do they connect with consumers?
 - Which populations are not reached by these existing efforts or are particularly vulnerable or hard to reach?
- To what extent does your organization partner or contract with other consumer assistance programs to provide services to patients/consumers? What services do you arrange for? For which populations?
- Does your organization currently interact with MD's existing consumer assistance programs (such as the Attorney General's Health Education and Advocacy Unit or the Maryland Insurance Administration)? If so, please discuss more about your level of interaction.
- How can the Exchange leverage the existing community based networks of enrollment assisters including community-based organizations, Federally Qualified Health Centers, and providers to support Navigator functions?
- Are there specific elements or functions of the existing consumer assistance programs that could be leveraged by the Exchange? For example, are there services in place, such as networks of outreach coordinators, that can be used and/or built upon?
- Where are there gaps in current consumer assistance programs that the Navigator Program could fill?
- How should the Navigator Program interact with programs offered by providers?

Navigator Functions

- What should be the specific role and scope of work be for Navigators in Maryland's HBE? For instance, you may consider:
 - Outreach and education
 - Application assistance (ACA requires the Exchange to offer online, in person, mail and phone applications.)
 - Assistance with health plan selection
 - Interaction with Consumer Assistance Programs

- Advocacy on behalf of consumers with the Exchange
 - Advocacy on behalf of consumers with health plan
 - Post-enrollment support
 - Other potential functions/roles?
- Should Navigators be required to submit applications on behalf of consumers online, in person, by mail and by phone?
 - Should Navigators be required to serve both public and private sector programs or should Navigator roles be subdivided into different markets?
 - What should be the role of Navigators with respect to the Medicaid and CHIP programs?
 - What conflict of interest rules and guidelines for Navigators should the state establish? (Proposed Federal regulations prohibit health issuers from serving as Navigators, and prohibit Navigators from receiving consideration directly or indirectly from any health issuer in connection with enrollment in a QHP.)
 - Should the Exchange provide other forms of consumer assistance in addition to Navigators? If so, what form should this assistance be in?

Navigator Training, Certification, Licensure and Oversight

Training

- Does your organization require specific skills sets and/or experience of staff or volunteers who assist consumers with health insurance review and selection? Currently, does your organization design and deliver training to consumer assistants?
 - Do you require continuing education?
- What skill sets and experience should be required of Navigators? Should such skills be standardized or variable depending on the population served by the Navigator?
- How should training be designed and delivered to Navigators (e.g. content, frequency, modality)? Who will conduct Navigator training? Should the HBE or a third party put into place a training infrastructure and curriculum? Should Navigators be required to have continuing education? How would training vary depending on the type of entity acting as the Navigator (e.g., providers, community based organization compared, commercial agent/broker)?

Certification

- Should the Exchange require licensure and/or certification of all Navigators? If so, should this be similar to the way that the Maryland Insurance Administration

(MIA) currently licenses brokers/agents or different, such as similar to the requirements of MD's Medicaid enrollment broker? Why?

- As required by the MIA, should Navigators be required to be bonded? Carry professional liability insurance?
- As required by MD's Medicaid Enrollment broker, should Navigators provide access to telephone-based translation services? Provide bilingual material?
- Given the potential for Navigators to offer public and private products, should, there be different certification criteria by product?

Oversight

- How should selection, contracting with and providing overall compliance oversight for Navigators be performed?
 - How should the Exchange measure success of Navigators?
- Should Navigators be subjected to oversight by state regulators and/or the Exchange?
- In what ways does your organization tailor information to diverse populations? How should the Exchange ensure that Navigators provide information in a manner that is culturally, linguistically and otherwise appropriate to the needs of the diverse populations served by the Exchange? You may consider the following (the following are requirements of the Medicaid enrollment broker):
 - Have bilingual staff for any language representing at least 5 percent of the population (county or city)
 - Have materials available in any language representing at least 5 percent of the population (county or city)
 - Set a quota for the minimum number of staff who must be eligible for the target (or similar) service
 - Provide telephone based translation service
- How should consumers register complaints involving the Navigator Program?
 - What types of tracking and oversight mechanisms are currently used and should be considered?
 - Which options for Navigator development and oversight maximize consumer protection?

Navigator Compensation, Retention and Sustainability

- How should Navigators be retained and compensated? (The Exchange must finance Navigators with operation funds and not Federal grant dollars. Navigators serving Medicaid beneficiaries may be paid with Medicaid funds.)
- What impacts could disparities between Navigator compensation and the compensation of provider-sponsored consumer assistance services have inside the exchange? Outside the exchange?

- How could the Exchange minimize/avoid such disparities and/or impacts?
- How could the Exchange identify provider programs and other existing consumer assistance programs to serve as Navigators?
- How many Navigators are needed statewide? Are there particular high need geographic areas or populations that should be targeted in Navigator selection?
- How should the program be financed?
 - Employer-paid model? Insurer paid model? Others?
- The State may leverage Medicaid dollars to support Navigators to the extent they offer services to Medicaid recipients. What, if any, Navigator related costs should be allocated to Medicaid?

Effect of Navigators on Existing Consumer Assistance

- From your perspective, what are the potential effects of the Navigator Program on provider-sponsored consumer assistance programs?
 - How will this impact how providers select, design and implement programs? Will this impact how provider programs are funded?
- What will be the relationship between Navigators and the provider community? Will there be a referral process?

Other

- Is there anything else the Exchange should consider in designing the Navigator Program?